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(R	requestor's Name)			
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(A	ddress)			
(C	city/State/Zip/Phone	#)		
. PICK-UP	☐ WAIT	MAIL		
(B	Business Entity Nam	e)		
(C	Occument Number)			
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

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CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

05/27/2022

Da	Acc#120160000072
	Acc#120160000072
Name:	SCG BR MERGANSER COMMONS, L.P.
Document #:	
Order #:	14352662 - 1
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of	1-2 Filing: 1.) File LLC registration; 2.) File L.P. registration
Apostille/Notarial Certification:	Country of Destination: Number of Certs:
Filing: 🗸	Certified: Plain: COGS:
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$ 1,052.50

Thank you!

COVER LETTER

Division of Corporati	ions		
SUBJECT: SCG BR Mergan	ser Commons, L.P.		
Name of	Foreign Limited Partne	ership or Limited Liability Li	mited Partnership
The enclosed application, certipartnership to transact busines Please return all corresponden	s in Florida.	_	oreign limited partnership or limited liability limited
Co	ontact Person		
Fi	rm/Company		
	Address		
City, S	tate and Zip Code		
E-mail address: (to be used to	for future annual report	notification)	
For further information concer	ming this matter, please	e call:	
		_at ()	
Name of Contact Per	son	Area Code and Daytime	: Telephone Number
Enclosed is a check for the fol	lowing amount:		
\$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)	31,008.75 Filing Fees and Certificate of Status	\$1,052.50 Filing Fees and Certified Copy	\$1,061.25 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

SCG BR Merganser Commons, L.P.

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP. If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix. State or Country of Formation Date of Formation 4. Federal Employer Identification Number:___ 5. Name of Registered Agent for Service of Process and Florida Street Address: C T Corporation System 1200 South Pine Island Road Plantation, Florida 33324 6. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of CT Corporation System /s/ David Westcott, Assistant Secretary my position as registered agent. By: Signature of Registered Agent 7. Principal Office: 8. Mailing Address: 4 Embarcadero Center, Suite 3300 4 Embarcadero Center, Suite 3300 San Francisco, CA 94111 San Francisco, CA 94111 9. If limited partnership is a limited liability limited partnership, check box. 10. Name, principal office address, and mailing address of each general partner: Name of General Partner: SCG BR Merganser Commons GPLLC Name of General P Name of General Partner: 4 Embarcadero Center, Suite 3300 _ Street Address: _ Street Address: San Francisco, CA 94111 _____ Mailing Address:_____ Mailing Address: Name of General Partner:______ Name of General Partner:_____ Street Address: __ Street Address: Mailing Address: _____ Mailing Address: _____

Name of	f General Partner:			Name of C	jeneral Partner:		
Street A	.ddress:	-		Street Add	Iress:		
Mailing	Address:			Mailing A	ddress:		
Note: If the	date inserted in the	nis block does i	f filing:	able statutory fili	ment is filed by the ng requirements,	 ne Florida Depe this date will n	artment of State.) ot be listed as the
Florida Dep	d is a certificate of artment of State, which it is organize	by the Secretar	y authenticated, no ry of State or other	it more than 90 de official having co	ays prior to the del astody of the entity	livery of this ap y's records in t	oplication to the
Signed this	26th	day of	May SCG BR Merganse	.20 22			
			SCG BR Merganson By: David M. Frei	er Commons GP, ida	D.C. General Par	tner 	
			By: David M. Frei Title: Authorized Signatu	Signatory re of a general p	urtner	_	

The individual signing this document affirms that the facts stated herein are true and the individual is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Filing Fees: Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

Page 2 of 2

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SCG BR MERGANSER COMMONS, L.P." IS

DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 203458222

Date: 05-18-22

6563554 8300 SR# 20222089466